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Alcohol-related violence and disorder: new critical perspectives

Mark Jayne and Gill Valentine

Abstract: This paper presents critical perspectives into alcohol-related violence and disorder. In doing so, we advance writing by geographers challenging ontological and epistemological orthodoxies which dominates 'alcohol studies'. By engaging with work focused on playful or ludic urbanism, and literature considering emotions, embodiment and affect, we address an impasse between medical and social sciences approaches in order to better understand and tackle alcohol-related violence and disorder. We conclude with theoretical and policy relevant insights.

Keywords: alcohol, drinking, drunkenness, violence, disorder, play, emotions, embodiment, affect

Introduction

Despite voluminous 'alcohol studies' across social and medical sciences and high profile political, popular and policy concern worldwide, there has been little engagement with ontologies and epistemologies of alcohol-related violence and disorder. Lack of theoretical attention is explained by an 'impasse where alcohol consumption is conceived as a medical issue, pathologised as a health, social, legislative, crime or policy problem *or* as being embedded in social and cultural relations - with limited dialogue between these approaches' (Jayne et al. 2008a: 247). With the backdrop of distanced traditions it is nonetheless scientific research; lab-based experimentation, statistical measurement, modelling and numerical proxies which define alcohol-related harm. Indeed scientific and quantitative findings capture newspaper headlines, dominate popular imaginations and representations and influence political decision-making and policy formation. Moreover, pathologisation of alcohol as health, social, legislative and criminal problems is entrenched because social and cultural researchers, despite offering rich and detailed evidence with reference to diverse alcohol-related topics and case studies around the world have overwhelmingly failed to critique dominant ontologies and epistemologies.

Towards that goal we develop theoretical perspectives offering common ground and points of departure for inter-disciplinary critical dialogue to advance understanding of alcohol-related violence and disorder. We begin by unpacking medical and social science approaches. Subsequent sections highlight; firstly, typologies of ludic urbanism and secondly, emotional, embodied and affective accounts of playful geographies offering fertile theoretical ground at intersection of social, cultural and medical and health approaches to alcohol-related violence and disorder.

Victims, families, friends, witnesses and even perpetrators are, of course, likely to find problematic language such as play, emotions and atmosphere. Most would rightly baulk at ‘common sense’ use of these words. However, we offer theoretical insights that challenge popular, political debate and policy regarding alcohol-related violence and disorder. Hedonism, leisure and ‘playscapes’ (Chatterton and Hollands 2003; Hadfield 2006; Szmigin et al 2008) adopted in academia, politics, policy-making and policing, are uncritical shorthand, representing violence and disorder as ubiquitous; ‘natural’ or inevitable consequences of alcohol consumption. Moreover, ‘alcohol-related violence and disorder’ is a ‘catch-all’ term that conflates criminal activities. Arrests and complaints relating to swearing, slapping, hair pulling, indecent exposure, robbery, public urination, ‘glassing’, manslaughter, noise pollution, murder, in fact any offence where alcohol has been consumed, are collated as evidence of violent and disorderly urbanism. We argue theoretical work is vital in offering insights into individual and collective social responsibility signposting how politicians, policy makers and police can productively understand and address alcohol-related violence and disorder.¹

In formulating new critical perspectives relevant to research across the social, health and medical sciences we work at intersections of two bodies of geographical writing. Firstly, despite being latecomers to ‘alcohol studies’ over the past ten years geographers have made important contributions to research and policy by exploring space and place, not as passive backdrops but are active constituents in practices and processes relating to alcohol, drinking and drunkenness (Jayne et al 2011). In doing so, geographers have overwhelmingly concentrated on identifying ‘problems’ discursively and differentially constructed with reference to different social groups and spaces and place (see Jayne et al 2008a; and geographers work referenced through this paper). Recent writing is also challenging theoretical and empirical orthodoxies dominating alcohol research (Jayne et al 2010, 2012).

Secondly, we contribute to geographers’ broader engagement with violence. Writing has focused on geopolitics of violence (Blomley 2003; Toft 2003; Springer 2009; Gregory and Pred 2006; Tyner and Inwood, 2014); unpacked the role of violence with regards to development, poverty and inequality (McIlwaine 1998). Theorists have focused on fear of crime (Valentine 1989; Pain 1991); gender and sexuality (Moran et al 2001; Aitken 2012; Sandberg and Tollefsen 2010); domestic violence (Warrington 2001; Pain 2014a, b); and violence as important in understanding urban encounter (Thrift 2005; Valentine 2008; Amin 2012). Our focus on urban alcohol-related violence and disorder, is a response to challenges for geographers to critically engage with:

the fetishizing and distancing of different forms of violence that comes with ... a scaled system with its implied judgements of magnitude and importance. This itself is a spatial practice built on certain imaginaries ...

(Pain 2014: 544).

Medical and social sciences approaches

The majority of research into geographies of alcohol, drinking and drunkenness falls into a trap replicated throughout ‘alcohol studies’ of adopting rather than critiquing widely used concepts, measures and terminology. ‘Binge drinking’, measured by consumption of alcohol ‘units’ is an example of how problematic ‘labels’ and ‘measurements’ define financial, social and health costs, applied to spatial scales including; commercial venues, public spaces, neighbourhoods, cities, regions; national and supranational levels to understand and respond to impacts of alcohol consumption on individuals and society (Smart and Ogborne 2000; Sonmez et al 2006; Hughes et al 2008; Viner and Taylor 2007; Bellis et al 2010; Herrick 2012; Twigg and Moon 2013). The proliferation of units underpins ‘evidence’ from surveys and epidemiological data used to legitimise and inform public health policy and service responses (Thom 1999; Jayne et al 2012; Yeomans 2013). However, Thom (1999) suggests public health and prevention paradigms based on measurement of units responded to alcohol industries advertising strength despite uncertain scientific basis and criticism by some academics and specialist alcohol providers.

Units nonetheless are *the* definitive numerical proxy, mobilized to highlight significant proportions of populations ‘drinking above harmful levels’ despite relatively small numbers of people dying of direct alcohol-related illness, as well as offering a measure to calculate the effect of individuals’ alcohol consumption on ‘indirect’ alcohol related illness (Jayne et al 2011).² In comparison, critical reflection on ‘binge-drinking’ and ‘units’ are small in number and have had no impact on alcohol research or policy (Thom 1999; Herring et al 2008; Berridge et al 2009; Jayne et al 2012). With this backdrop Thom (1999:131) suggests academics, politicians,

policy makers and practitioners have bought into ‘guesstimates’ used ‘for international, national, and regional comparisons which lay foundations for development of services supplied by organisations and individuals who defined the problem’. Legg (2005: 144) drawing on Foucault argues numbers and proxies are essential ways populations are conceived and governed, ‘combining a quantitative attention to statistics and numbers with a qualitative awareness of the contingent nature of categories and the processes they claim to expose’. Units highlight how ‘modern government and power relations seep into and live through statistics, embodied urges’ and so on (Legg, 2005: 152).

Population level strategies of social control and governmentality also define alcohol-related violence and disorder. In the UK, and elsewhere, recording and measurement of alcohol-related violence and disorder is highly problematic. For example, British Crime Survey (2009-2010) reports 986,000 violent incidents (50% of all violent incidents) resulted from offender(s) being under-the-influence of alcohol. These figures are based solely on victim’s view offender(s) had consumed alcohol. This ‘evidence’ underpins claims, such as UK Governments ‘Cabinet Office Strategic Unit Alcohol Project’ (2003), highlighting alcohol related crime costs £7.3 billion per annum through policing, prevention, services and criminal justice; with alcohol related crime in total costing ‘the nation’ £20 billion’.

Hidden behind these claims are however varying geographical methodological approaches to data collection and definitions. Indeed, institutions and organisation including the Home Office, alcohol-harm reduction charities and academics acknowledge the paucity of reliable evidence (Alcohol Alert 1998; Burrows 2000;

Bland and Read 2000; SIRC 2002; Alcohol Concern 2002). Strategies have thus proliferated to 'sure-up' the 'evidence base', drawing on academic and consultancy work to portray alcohol-related violence and disorder as ubiquitous. Acknowledging links between alcohol and crime are complex, UK charity Alcohol Concern (2002) utilizes a range of sources highlighting alcohol as a factor of criminal behaviour. Alcohol Concern suggests two-thirds of sentenced male prisoners and four-fifths of female prisoners in the UK admit to 'hazardous drinking'. Findings are based on consumption of 'units' to allude to problematic drinking. In order to nuance insights into relationships between alcohol/crime/violence, Alcohol Concern describe models of 'causal relationships', 'contributory relationships' and 'co-existence' of alcohol consumption with regards to crime. Studies explain alcohol-related aggression, through 'Dutch courage', 'enabling' criminal behaviour, and 'environmental factors' - loud music, seating, layout of bars etc. - leading to frustration and aggression.

Academic research is presented alongside public opinion polls, police and hospital accident and emergency staff surveys by market research companies as a 'definitive' evidence of alcohol-related violence and disorder (Alcohol Concern 2014). In contrast, alcohol-industry sponsored charities such as Drinkaware Trust and Portman Group focus on health/social/personal-harm related to alcohol consumption, sidestepping engagement with alcohol-related violence and disorder by pointing to, but failing to work towards, overcoming problems of definition/measurement. Improved recording procedures, evaluation models and focused research are highlighted as ways to tackle that 'causal connection between alcohol and violence cannot be defined on the basis of current evidence. The claim that 70-80% of all

violence and disorder in town and city centres is ‘related’ to alcohol consumption is quite meaningless’ (SIRC 2002: 4).

Despite acknowledgement of lacuna of reliable evidence, popular, political and policy imaginations are underpinned by mix and match ‘guesstimates’ and references to small-scale academic research, consultancy reports and market research data. In essence, we know relatively little about the extent and nature of alcohol-related violence and disorder. Problematic ‘statistical slight-of hand’ nonetheless contrasts with qualitative and ethnographic work. Studies question reliability of statistical evidence, engaging with police ‘on the ground’ and drinkers from different socio-economic groups and locations. Research highlights that violence and disorder are not a significant feature, or concern for peoples’ everyday drinking lives (Jayne et al 2010). Monkkonen (1981), Beckingham (2008) and Jayne et al (2010) point to historical and contemporary evidence that, despite large numbers of people consuming alcohol in urban public spaces and commercial venues, levels of violence and disorder are relatively low. This writing exposes statistical evidence of increases (and decreases) in alcohol-related violence can be mapped alongside political/policing agendas.

While statistical measures and proxies utilized by police, policy makers and charities overstate problems of alcohol-related violence and disorder, social and cultural theorists have overwhelmingly failed to impact on dominant ontologies and epistemologies generating evidence. For example, recent research on alcohol consumption in the UK has under-theorized alcohol-related violence and disorder. Political-economy approaches point to global structural changes in alcohol

production, distribution, retail and an associated emergence of ‘new’ commercial venues in conjunction with changing legislation, to explain drunken brawling, public sex acts, litter from take-away food wrapping strewn across streets etc. (Lister et al 2000; Chatterton and Hollands 2003; Hobbs et al 2003; Winlow and Hall 2006; Hadfield 2006). *Violent Night* by Winlow and Hall (2006: 1) draws on this theoretical framework to move beyond ‘a romanticising of consumer capitalism, and compulsion to avoid moral judgements ... [or to] gloss over the serious problems besetting young people ... [by considering the relationship between alcohol consumption] anxiety, drugs, violence suicide, loss of traditional forms of identity, consumer pressure and so on’. *Violent Night* argues alcohol-related violence and disorder is attributed to epochal urban change and disjuncture from the past, with young people seeking to ‘make sense of their place’ due to capitalist restructuring. Winlow and Hall conclude, responding to structural political, economic and socio-cultural change, young people are literally ‘hitting out’. Despite these assertions writing fails to reflect on empirical evidence, or indeed to offer theoretical frameworks to understand complexities of alcohol-related violence and disorder.

Moreover, theorists advancing understanding of *Constructive Drinking* (Douglas 1987) to address simplistic notions of alcohol consumption defined as social and/or medical problems have ignored engagement with alcohol-related violence and disorder. Studies engage with how, when, why and for whom drinking alcohol is constructed as ‘problematic’, demanding legislation, policy and policing strategies (Kneale 1999; Beckingham 2008; Wilson 2005; Hubbard 2005; Holt 2006; Leyshon, 2006; Shaw 2014; Waitt et al 2010; Jayne et al 2006, 2008b, 2012; Valentine et al 2007a, 2007b). This work challenges notions of generalized populations of ‘problem

drinkers', with 'cultural change' the only response to 'binge-drinking' and its associated behaviour (Jayne et al 2008b). Conspicuously absent in this writing is focus on a key element of pathologisation traditions - alcohol as an accelerator of violence and disorder. This ensures attempts to proliferate individual and collective social responsibility or strategies and implementation of policy, policing and punishment focused on small numbers of people involved in alcohol-related violence and disorder has not been forthcoming.

Such criticism notwithstanding, social sciences research addresses violence and disorder through empirical research. Writing by sociologists and criminologists focuses on (hyper)masculinity and- femininity explaining male-to-male, female-to-female and male-to-female violence through 'recognisable set pre-fight choreography' (Forsyth and Lennox 2010:75). Ethnographic research highlights 'degrees of violence' ('squaring-up', pushing, punching, slapping, throwing objects, hair pulling, head butting etc.) with reference to 'causal factors' or 'tipping points' of violence (sexual jealousy, looking for a fight, fighting for 'fun', loyalty, defending action, taking offence, insults, 'overly emotional', heated discussion, grudges, horseplay, verbal aggression, and non-deliberate aggression, for example bumping into people) (Forsyth and Lennox 2010:82). Forsyth (2006) discusses commercial venues' staff interaction with consumers, drinks promotions/marketing, patron demography, time, venue ownership, types of glasses etc. as important contributors to alcohol related violence and disorder. Researchers have described 'flash-points' – toilets, bars, taxi and take-away queues etc (Burns 1980; Homel and Clarke 1994; Nostrom 1998; Hugh Jones et al 2000; Lister et al 2000; Benson and Archer 2002; Bromley and Nelson

2002; Graham and Wells 2003; Day et al 2004; Plant et al 2005; Graham and Homel 2008).

Studies have addressed psychologies of drinking with reference to anxiety, alienation and stress (De Boer et al 1993; Seeman et al 1988). Laboratory research has investigated how alcohol consumption effects perception of emotional expressions in others (Chermack and Giancola 1997; Kano et al 2003 Hernandez et al 2006). Research shows facial expressions are (mis)interpreted which in combination with other effects of alcohol might lead to an aggressive response (Jeavons 1985; Parrott et al 2003; Pihi et al 2003; Attwood et al 2008). Studies have considered ‘individuals’ proneness to aggression (Cheon and Nagoshi 1993), personality ‘disorders’ or intellectual impairment (Coid 1982; Poldurgo 1998), ‘types of clientele’ or venues as susceptible to aggression and violence (Felson 1986; Gibbs 1986; Graham 1980; Leather and Lawrence 1995; Graham and Homel 2008; Homel 1992). ‘Frustration’ has been described a key element of alcohol-related violence (Gustafson 1985a and b; Ito et al 1996); but intensity and frequency of provoking stimuli as not being related to alcohol aggression (Kelly et al 1998).

An important element of social psychological research into alcohol- related violence and disorder are theories of disinhibition; expectancy and indirect cause. However, it is argued disinhibition lacks scientific evidence and methodological problems have led to an over- emphasis on causality (Bushman and Cooper 1990; Gelles 1993 Kallmen and Gustafson 1998; Cherek et al 1984; Lipsey 1997; Nash Parker and Auerheim 1998); that expectancy theory shows questionable or no causality (Lang 1975; Gustafson 1985b); and expectancy can be better determined by contextual factors or

cultural traditions rather than by alcohol consumption itself (Lindman and Lang 1994). Evans (1986: 171) captures concern about causal links between drinking and violence highlighting ‘alcohol-related violence is rare in relation to the number of man hours devoted to drinking’. Such arguments challenge dominant assumptions about alcohol and violence as over-simplifications (Brain 1997).

However, social science research methodologies cannot capture combinations of biological, psychological and physiological impacts of alcohol on behaviour and experiences. In contrast, medical and health research undertaken in laboratories has investigated complex ways alcohol impacts on systems of the body/brain (Chastain 2006; Dalglish et al 2008; Hickman et al 2008; Allgulander and Nutt 2008; Nutt et al 2007). Studies have focused on calming, tranquilizer, euphoric, and anaesthetic effects of alcohol to explain ‘out of control’ responses; increased confidence; reduced fear for safety; aggression, irritability; ‘feeling good’; whilst also acknowledging difficulties of assigning simultaneous and contradictory effects of these biological, physiological and neurological responses (Graham et al 1980; Williams et al 2009; Lowry et al 2009). Pharmacologist Prof. David Nutt - who as UK Government’s chief advisor on drugs policy was sacked in 2009 due to criticisms that scientific findings were ignored in favour of political agendas - describes alcohol as a ‘remarkable drug ... there is no question ... it is a unique drug’. Prof. Nutt nonetheless points to lack of understanding of neurotransmitters impact on different parts of the brain (Jayne et al 2010). Of course, controlled laboratory conditions ensure ‘assemblages’ of human and non-human actors that influence peoples drinking experiences cannot be captured.

We have highlighted strengths and weaknesses of social, medical and health science research and lack of dialogue between researchers. In the remainder of the paper we develop theoretical perspectives offering common ground and new points of departure for interdisciplinary critical research to advance understanding of alcohol-related violence and disorder.

Playful typologies of alcohol-related violence and disorder

There are traditions of studying ‘play’ throughout social sciences (Huizinga 1955; Callios 1961; Handelman 1974, Benjamin 1986; Bauman 1993; Sutton-Smith 1997; Thrift 1997; Stevens 2007). Theorists understands life course as ‘non-teleological’ pointing to erosion of boundaries regarding children and young people as transitional ‘yet-to-be adults’, and consider adults as ‘playful’ (Evans 2008). Play is simultaneously individual and social, distinguished from labour through physical, psychological, social and cultural conditions and practices, and repetitive joking, horseplay, pranks etc. give insights into social positioning and power relations (Huizinga 1955; Callios 1961; Handleman 1974). Thrift (1997), Bauman (1993) and Stevens (2007) have argued cities are important to understanding play. Theorising play as gratuitous; free; rule bound and ‘located’ offers fertile ground for geographers interested in alcohol, drinking and drunkenness, deserving of sustained attention. For many adults, alcohol consumption is important ‘play’. Towards dialogue between ludic urbanism and geographies of alcohol, drinking and drunkenness we consider; competition, chance, cheating, simulation and vertigo.

Firstly, knowledge and skill, displays/tests of strength, agility, refinement, intellect and allure are central to urban play (Thrift 1997; Stevens 2007). Competition includes

open conflict to achieve mastery over others, but a goal of play is mastery of the self. Alcohol consumption enables playful engagements in urban public spaces and commercial venues as people reach inside/outside themselves in order to understand individual/social limits. Advancing writing by Cavan 1966; McAndrew and Edgerton 1969; Cohen and Taylor (1992), Jayne et al (2010) argue alcohol is a ‘technology of the self’, enabling playful activities that ‘permit individuals to effect by their own means, or with the help of others, a certain number of operations on their bodies and souls, thoughts, conduct and ways of being so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection or immortality’ (Foucault 1988, 18). Play and alcohol, drinking and drunkenness can be theorized through practices and experiences, for example; drinking games, keeping up with ‘rounds’ and others’ drinking speed/amounts in order to ‘hold your drink’; getting served at crowded bars; competitive ‘pulling’, jumping queues (taxis, fast food, cloakroom etc.); being seen, heard, smelt (particularly with regards to perfume and aftershave).

Stevens (2007: 37) suggests competitiveness is important in urban settings as play takes place in front of an audience where promenading, dancing etc. enabling ‘showing off’, to be judged by others. In a similar vein, Bauman (1993: 174) describes the city as a ‘managed playground’ where assemblages of physical space combine with social and cultural regulation to inspire playful competition. Jayne et al (2010) argue alcohol, drinking and drunkenness allows adults to engage with unequal social and cultural hierarchies embedded in public spaces, to facilitate sociability across diverse groups enabling a ‘counter-public’ of social actors, that at times enables progressive ethics of care. However, contingency of encounter ensures playful

politics are precarious and competitive displays/tests can relate to conflicts and tensions (Harker 2005; Brooks 2008; Leyshon 2008). Performance of masculinity and femininity, classed, racist, homophobic, embodied and subcultural abuse can underpin alcohol related-violence and disorder.

Secondly, chance negates effort, experience or skill. Stevens (2007: 37) suggests chance allows people to escape human rationality, abandoning themselves to incalculable forces, but reassured by limits to risk, chance offers freedoms from 'fixed' behaviour. While alcohol consumption is often underpinned by habitual mobilities through commercial venues/public spaces; engagement with friends and strangers etc, research highlights drinking alcohol enhances openness to experiences and performativities of chance (Jayne et al 2010). Indeed, vagaries of intoxication dependent on mood, weather, interactions with friends, and strangers, tiredness, type of drink consumed, amount of food eaten, atmosphere etc. are chance determining pleasures and dangers of alcohol consumption (Jayne et al 2010). Through playful negotiation of social rules and cultural representations and practices, people tread a line between control over their personal world and abandoning themselves to circumstantiality of the personal/social.

Locating 'rules of play' Bauman (1993: 173) identifies the city as a place where strangers 'are at their most secure, where all transgressions of strangehood are by common agreement presumed to be inconsequential, temporary, gratuitous, playful'. Play in the city facilitated through alcohol consumption is 'for everyone', although Bauman (1993) suggests people, 'in breach of public order', are subject to 'uneven state intervention ... [but that] play in the city can be regarded as a surface of oneself

and expectation that others will also play along'. Stevens (2007: 1) argues 'playful behaviour thrives on continuing negotiation with discipline, exploitation and spectacle which constitute the contemporary city. Play concentrates attention on practices which have a dialectic relation to order, fixity, and functional and semiotic determinism of built form'. However, Stevens (2007: 2) suggests 'neither people's desires nor their actions, are sovereign, well understood and fixed, both are contingent, a product of circumstances, and continually changing ... It is difficult to predict the timing or location of un-pragmatic activities like play'. Stevens (2007: 29-32) thus challenges us to think about 'how the urban environment frames experiences of excess, intensity and exposure to risk ... characterized by diversion, destruction, spontaneity, caprice, turbulence and exuberance ... [where] adults retain an attraction to undisciplined behaviour and exposure to risk'.

The third element to advancing understanding alcohol-related violence and disorder is insight into 'cheating'. Stevens (2007) suggests 'spoilsports' destroy the fragile basis of play. Those who spill or steal drinks, jump queues, or are viewed as disrespectful with regards to 'unspoken' rules are responsible for breaking 'the special mood in which people undertake play: simultaneously aware that things are 'not real' and yet willing to believe and participate' (Stevens 2007: 35). Play 'relies on 'metacommunication': the message; this is play continuously being communicated between participants, although what is happening may appear serious' (Stevens 2007: 35). Alcohol-related violence and disorder can unfold where 'mood' or 'rules' are broken. 'Fear, sadness, tension and boredom' are also factors where individuals alter the 'limits of the intensity and consequentiality of the experience being broken (Stevens 2007: 36). Alcohol, drinking and drunkenness are ways people open up to

competition/chance, to their own or others breaking of rules and intensities (Jayne et al 2010); that risk ‘adds strength and depth to people experiences in the world allowing themselves to believe and to act as is some aspects of risk are real, and to experience the tension and thrill of handling such risks’ (Stevens 2007: 36).

Theories of playful competition/chance offer invaluable resources for medical and social science approaches to alcohol-related violence and disorder. Competition/chance contextualizes performance of unequal power relations, as well as how marginalised groups ‘feel at home’ in the city through alcohol consumption (Jayne et al 2010). As Harker (2005: 58) suggests play has potential to create sociability ‘in specific time-space contexts’. However, it is important not to theorize alcohol consumption as ‘romanticisation around innocence, freedom, and imagination ... [thus reifying ethical comportment relating to] transformative capabilities of rules, roles, mimetic behaviour, sparks of insights and moments of invention ... generosity and openness to the world and ethical engagements that go beyond obligations to static codes of conduct’ (Woodyer 2012: 322-323). As such, focus on competition/chance contextualises Forsyth and Lennon’s (2010) ‘choreography’ of violence; ‘causal factors’, as well as explanation of why take-away and taxi queue etc. become ‘flash-points’; going beyond overly simplistic descriptions of ‘tipping-points’ (or places) of urban conflict. Understanding competition/chance is an important theoretical resource to underpin psychological lab-based research on ‘frustration’, ‘intensity and frequency of provocation’ and medical research into calming, tranquilizer, euphoric, and anaesthetic effects of alcohol used to explain the ‘out of control’ effects of alcohol; peoples’ behaviour with regards to increased confidence; reduced fear for safety; aggression, irritability etc.

The fourth and fifth playful typologies important for developing dialogue between medical, health and social science approaches to understanding alcohol-related violence and disorder are simulation and vertigo. Simulation is ‘dialectic counterposing of perceptions of the imagined and the real ... simulation is the fabrication of a different character or situation (Stevens 2007: 39). This highlights biological, physiological, psychological and performativities of ‘intoxication’ and differences that space and place makes to drunkenness (McAndrew and Edgerton 1969; Jayne et al 2012). Stevens (20067) argues simulation differs from competition/chance in terms of control individuals have over rules that circumscribe play, and context of meaning framed with reference to an audience. Simulation through intoxication enhances individual sense of freedom, enabling engagement with otherness; ‘people test the connections between perceptions and meanings which society has assigned to them ... [which at times enables people to] break these connections willingly, and suspend their disbelief’ (Stevens 2007: 40). Alcohol consumption described by both medical, health and social scientists facilitating increased confidence, ‘expectancy’ etc mirrors Stevens (2007: 41) ‘vertigo’ to explain behaviours that escape ‘normal’ experience and self-control; ‘bodily actions which generate intoxicating, physical sensations of instability and distorted perception’.

Alcohol, drinking and drunkenness enable emotional and embodied encounters in urban public space, that are ‘separate from seriousness [and that] ... experiences of vertigo remain pleasurable when they are calculated risks if limited duration ... [when] the thrill of vertigo comes about when people control their own encounters with the uncontrolled, the irrational, the extreme and the violent’ (Stevens 2007: 41-

42). Steven's 'moral' vertigo suggests for a minority of people violence and disorder can be discursively constructed and experienced as 'fun'; as response to 'cheating' ('disrespectful' behaviour breaking social and cultural 'rules', fair play in queuing at the bar, taxis etc.); or heroic response to others' 'cheating' or violent behaviour. Such play is enabled through alcohol consumption allows people to 'be themselves'; to 'transcend the restrictive or marginalized roles which they have been defined for them by work and domestic life' (Stevens 2007: 46) or forms of behaviours and responses to others that people might not express without drinking alcohol where:

unexpectedness (chance), crowding (vertigo) and whimsy (simulation fantasy). These aesthetic perceptions are triggers to play through a combination of sensory stimulation perceptions and memory ... overarching principles guide and structure public face-to-face interactions so that everyone can cope with the city's social intensity and complexity ... The mere presence of other people raises the stakes on contests. Audiences help judge the fairness of play, and often enforce it, as well as its success, the public are the context of public play and they are an integral part of the activity's meaning ... play events in public can encourage bystanders to join in, taking on a more active level of public engagement. Or they can inspire related events ... as people in public do not always know enough about each others status, capacities and motivations to know the 'appropriate' way to interact, play provides a relatively low-risk way to test the boundaries of the other. People's playful responses constantly test, dissolve and invert established behavioural cues, strategies and meanings
(Stevens 2007: 46- 47).

Medical, health and social science work on alcohol-related violence and disorder has implicitly or explicitly related to these practices and processes. Theoretical work on competition, chance, cheating, simulation and vertigo offers common-ground for distinct ontological and epistemological traditions to better understand how alcohol, drinking and drunkenness allows people to 'escape' normal bodily experiences and self-control to pursue fear, thrills and shocks and to experience pleasurable and calculated risks/control. However, while writing on playful urbanism offers important insights more work need to be done to test theories through empirical research. For

example, Stevens (2007) points to design of bars to explain notions of intensity of risk, testing and transgression of limits of social experience and personal capabilities. Nonetheless, explaining how exposure to intense experiences adds strength and depth to peoples experience of the world Stevens fails to engage with the key element of what takes place in those spaces – alcohol, drinking and drunkenness (see Hadfield 2006). There is significant mileage in geographers challenging or nuancing writing on ludic urbanism. Such comments notwithstanding, typologies of play offer much for distanced academic approaches to alcohol, drinking and drunkenness to better theorise interpenetrations of biology, physiology and psychology; social and cultural practices and processes; emotions, embodiment and affect; and urban assemblages. It is towards this challenge that we now turn.

Emotions, bodies and affect: urban assemblages of alcohol-related violence and disorder

A useful starting point theorising urban drinking as ‘something elusive, embodied at both a physical and emotional level’; signposts productive ways of addressing the impasse underpinning understanding of alcohol-related violence and disorder (Harker 2005). This suggests ‘playing has more to do with becoming rather than being’ and that materialities of bodies can exceed representation (Harker 2005: 52). These arguments can be advanced through focus on assemblages of human and non-human actors and Taylor’s (2009: 332) suggestion playful experience and sociality need to be considered as ‘parts interwoven in complex ways at particular historical moments’. These insights offer points of departure to understanding biological, physiological and psychological effects of alcohol consumption with reference to social and cultural practices and urban assemblages.

Goggin (2009), Christen and Prax (2012), Mar and Anderson (2010) describe (non)human assemblages of play as constantly changing as individual and collective actors adapt heterogeneous engagements and (dis)integration of an organized 'whole'. Research findings relating to embodied, emotional and affective experiences of alcohol consumption highlight intoxication and 'performance of drunkenness' enabling heightened feelings allowing drinkers to engage with urban atmospheres; noise, movement, crowds etc. (Jayne et al 2010). Such evidence mirrors Dewsbury's (2011: 493) suggestion 'events' involve kinetic astonishment, 'it is performativity therefore to think/act on real existences in opposition to the possibility of existence being pronounced by a priori ideas: it is the 'earthiness' of daily tasks, the encounters for our tears and laughter, and our corporeal needs that etches out the conceptual'. Moreover, Harker (2005: 55) argues we must not think of bodies as separate from one another; bodies are at once material, semiotic, social and incorporeal highlighting complexities of urban play enabled through drunkenness. As Stevens (2007: 54) suggests design of bars and pubs ensures intimate face-to-face interaction, eye contact, psychological engagements (at a distance) that effect social relations (trust confrontation, control, commitment, connection) that 'playful interaction among strangers are shaped by distance and orientation between bodies, and postures and gestures through which people shape their social encounters'.

Stevens (2007: 65) offers insights into alcohol-related violence and disorder through discussion of 'peripheral vision' - which does not 'make sense' out of the world but is 'a mode of experience which remains open to the nature of sensation itself'. Stevens (2007: 65) argues people 'adjust their relative location, orientation and distance help to create and shape their encounters'. However, constant reorientation of physical

proximity ensures ‘management of tensions become less a matter of physical limitations and more a matter of social constraint ... [and that] physical compression of sensory stimuli means that there is much information about strangers which is perceived in a state of distraction, and this stimulates forbidden desires, which may be expressed through play’ (Stevens 2007: 65). Alcohol consumption in commercial venues and public spaces ensures proximity and reciprocity, however, Hall (2008) reminds us, cities are containers of fun, sex, play and kindness, where cruelty and violence can be accepted. Proximity enhances reciprocity and enables challenges to unequal social relations, but heightened sensory information (noise, lighting etc.) where people to a certain degree surrender personal control over time and space and co-presence of complex, simultaneous and contradictory effects of alcohol.

This theoretical trajectory takes us back to ‘causality’. The challenge is to account for complexities of biological, physiological, psychological effects of alcohol; or how social and cultural ‘rules’ are transgressed; complexities of human and (non) human actors combining in (enabling or constraining) alcohol-related violence and disorder. Pertinent arguments emerge from debate around ‘becoming’ and pre-cognitive embodied, emotions and affect. For example, Woodyer (2012: 319-320) suggests ‘play exceeds representation and ‘rationality’ and we must understand play as alternative ways of being-in-the world; and non-cognitive and more-than-representational intersections between ‘being’ and ‘becoming’ in embodied and affective ways’. This echoes Harker’s (2005) view play heightens affect, prioritizing the non-cognitive, relying on what is felt rather than cognitively recognized, the ability to ‘tune in’ and ‘go with the flow’. Indeed, Woodyer (2012: 321) suggests play can be understood as sense-of-flow and ‘flux of experiencing the self egocentrically

and lococentrically (as subsumed)’ ensuring play is collectively experienced and individually valued.

Amin (2008: 9–11) suggests ‘variable space-times of aggregation ... [and] rhythms of public space’ are not necessarily about inter-personal interaction but ‘ethical practices in public space are formed pre-cognitively and reflexively rather than rationally or consciously, guided by routines of neurological response and material practice rather than acts of human will’. In the first rallying call for geographers to take seriously the material geographies of urban drinking, Latham and McCormack (2004, 716-717) suggest alcohol is ‘an independent agent’ that shapes violence, disorder and rebellion. While offering a starting point to understand complexities of human and non-human actors, the work of Latham and McCormack (2004) and Amin (2008) lean towards abstract and subject-less approaches to urban assemblages. In contrast Edensor (2013: 1) critiques insistence on affect’s pre-cognitive qualities, and that affective atmospheres produce a ‘mute attunement’ to place. Edensor (2013: 3) suggests writing on emotions, bodies and affect allows understanding of ‘various individual states of emotion – anger, joy, and anxiety for instance ... identified as communicable, intersubjective states ... [but that] there has hitherto been limited cross-over between geographical accounts of affect and emotion ... a binary wherein each category becomes reified’.

This debate advances understanding alcohol-related violence and disorder with reference to urban assemblages. Drawing on post-structuralist writing of Latour (2005) and Deleuze and Guattari (1988), work on urban networks, practices and spaces speak ‘not to static arrangement or a set of parts, whether organized under some logic or collected randomly, but to processes of arranging, organizing, fitting

together ... where assemblage is a whole of some sort that expresses some identity and claims to a territory' (McCann and Ward 2011: 12). Engagement with this writing is argued to have 'changed urban research' (Farias and Bender 2009), allowing focus on interaction of human and non-human actors in order to better understand the complexity of urban life. Theoretical and empirical progress in studying assemblages has not however been without controversy. For example, calling for assemblages research to take seriously underlying logics and inequalities of capitalist accumulation, Brenner et al (2011: 227) welcome the 'innovative, intellectually adventurous impulse behind recent assemblage-theoretical interventions'; is cautiously optimistic about the empirical foci, but argues that assemblage writing downplays the 'context of contexts' and fails to grasp how capitalism shapes contemporary urbanization.

Writers offer varying levels of support for assemblage thinking. Dovey (2011) applauds possibilities assemblages has to understand urbanization as complex and 'messy' rather than focusing on capitalism as a root cause of all urban practices and processes. Indeed, McFarlane's (2011: 209) interest in 'intensity and excessiveness of the moment', is important for understanding human and non-human assemblages of alcohol consumption as a 'disruption of pattern ... [which] generate new encounters with people and objects, and invents new connections and ways of inhabiting everyday urban life ... [and represents] potential of urban histories and everyday life to be imagined and put to work differently'. Particularly useful in elaborating this argument is McFarlane's (2011a, citing Hardt and Negri, 2009: 124) discussion of the process of becoming that constitutes 'an assemblage of affects or ways of being' ... a kind of gathering or multiplicities through the political work of assembly ... an

experimentation with cooperative spaces, processes and possibilities across multiple differences, and emerge both in relation to and in excess of assemblages of enclosure’.

Rather than replicating weaknesses of alcohol research looking for ‘root causes’ and by doing so reifying specific, or constellations of causality we follow McFarlane’s assertions (2011: 38-382) ‘the possibility of what *can* be understood by paying close attention to what happens at particular sites, before skipping over to pre-given analytical frames that might encapsulate something ‘bigger’ ... [allowing] a focus on everyday materialities of urban sites’ has much to offer understanding of alcohol related violence and disorder. As McFarlane suggests (2011: 383) it is important ‘not to lose a focus on tendencies [which] occur across multiple space-times. Here, assemblage thinking locates causality not in wider underlying contexts but *within* particular contexts [edit]... understanding multiple sites allows is to see how the ordering of urban life operates across differences and enables certain possibilities over others’.

Such argument is important to avoid the theoretical cul-de-sac of dwelling unproductively on ontologies and epistemologies of a false dualism between ‘causality’ and ‘becoming’ and also opens up possibilities of more detailed engagement with geographies of alcohol-related violence and disorder with reference to:

individual and collective emotional and embodied experiences of different types of alcohol consumption at different times and in different places and spaces and how they are affected by, and may affect a range of different relations, including embodied identities (age, ethnicity, gender, sexuality, etc), emotional and embodied state (e.g. hunger, thirst, sadness, excitement, etc), varying neurological responses to alcohol, social mixing, personal interaction,

atmosphere (how sounds, smells, etc affect the transpersonal circulation of moods and feelings), non-human materialities e.g. the taste and viscosity of different drinks and drinks containers (glasses, bottles etc), and the physical layout of different commercial venues or public spaces (e.g. opportunities to sit, stand, move, dance, availability of toilet facilities, the proximity of other bodies, etc.).

(Jayne et al 2010: 548-9)

This approach is an antidote to reification of ‘causal factors’ that has been a weakness of theoretical understanding alcohol-related violence and disorder. Artificial separation of, or a focus on restricted combination of elements of biological, physiological, physiological; social and cultural practices and processes; and assemblages of human and non-human actors has ensured over-simplistic ontologies and epistemologies. Rather than looking to isolate causality(ies), ‘becoming’ offers a sophisticated way of understanding ‘causality’ not just through theoretical insight but by also offering possibilities for methodological opportunities to ‘theorize back’ and cross-reference already published empirical research findings.

Dwell for a moment on Edensor (2013: 5-7) suggestion people open themselves up to ‘intensities of atmosphere’ while others close themselves off to pervasive emotional and affective responses ‘producing tones of conviviality or excitement to the medley of atmospheric constituents’. Edensor’s (2013: 9) focus on ‘flow’ as ‘a temporal, rhythmic process in which a sequence of events and sensations successively provoke immersion, engagements, distraction and attraction’ is important because it highlights how alcohol-related violence and disorder can be understood as a ‘a succession of encounters through different phases or pools of affect within a seething space of movement and activity’ (Edensor 2013: 10). Csíkszentmihályi’s (1996) phenomenology of *flow* suggests pleasure must be controlled and not left to chance, where peoples are challenged through consciousness to improve the quality of our

lives. These arguments offer theoretical and methodological common ground across alcohol research outlined in the first half of this paper.

Indeed, Jayne et al (2010) suggest 'intoxication' and associated 'performativities' of drunkenness is complex, and drinkers (and non-drinkers) individually or collectively tend to monitor changing relationships between amounts of alcohol consumed, emotional, embodied and affective atmospheres of 'becoming' drunk and having 'a good night' (or not) via sophisticated references to diverse human and non-human actors/encounters. 'Becoming' of 'drunkenness' can be acknowledged as constituted through 'disruptions and preoccupations, the apparent instability of the constellation of elements ... a sequential experience conceived as a singular event in place, an outing given its guiding logic' (Edensor 2013: 10). In order to understand alcohol-related violence and disorder we must pay attention to representational and non-representational constituents of alcohol, drinking and drunkenness. Medical, health and social scientists have considered (non)representation to explain alcohol-related violence and disorder; disinhibition; facial expressions, anticipation, frustration, social and cultural performativities, intensified stimulus, euphoria or irritation as a result of the impact of alcohol on neurotransmitters; emotional/embodied/affective events, moments etc. However, capturing constellations of 'causalities' that occur at many points throughout periods of drinking remains elusive ensuring lack of understanding of how these all combine in 'a good night' or lead to violence and disorder.

Through his work on the ways in which people habitually anticipate and contribute to the affective experiences of the illuminations in Blackpool (UK) Edensor (2013: 15) critiques 'notions that affect is truly transpersonal or interpersonal whereas emotion is

directly identifiable as the communication of such feelings and intensities'. Edensor (2013: 16) challenges affect as pre-cognitive suggesting 'such ideas construct a rather 'virginal subject' ... forever entering new and unknown terrain for which all-previous experiences has left them unprepared'. The small numbers of drinkers engaging in violence and disorder must not be considered 'virginal subjects'. Alcohol-related violence and disorder cannot be excused as 'being down to the drink' but deserving of more critical attention in popular debate, political and policy decision-making and policing strategies. Indeed, Edensor (2013: 16) argues 'affective experiences of space is usually conditioned by previous experience, by habit, by familiar emotions and sensations that produce feelings of belongingness or otherwise'. These theoretical arguments offer opportunities to influence behaviours of those who are violent and disorderly with reference to work on 'becoming' and 'causality' from across the medical, health and social sciences.

Points of departure advancing understanding complex and multiple 'causalities' relating to biological, physiological, psychological; social and cultural practices and processes; and assemblages of human and non-human actors bound up with alcohol, drinking and drunkenness can be advanced with consideration of encounters of 'becoming' of people, places and things via a 'relational context for how affect and emotion is performed, expressed anticipated and conceptualised in repeated experience ... undermining contentions that affect is invariably pre-reflexive and pre-personal' (Edensor 2013: 16-18). While individually and collectively alcohol consumption allows 'affects and emotions of place ... [to] become sedimented in memory ... atmospheric temporal flow ... a sensual and practical familiarity with place ... [enables] mindful, immersive engagement that connects body and

environment'. As Jayne et al (2010, 2012) and Waitt et al (2011) suggest conflict and violence can be related to performativities of drinking, across diverse social groups consumption of alcohol also allows people 'to feel-at-home in commercial venues and urban public space. These studies show that people rely on 'peripheral vision' (Stevens 2007) as attunement to surrounding emotions, bodies and atmospheres in an attempt to anticipate unfolding conflict, violence and abuse.

Theoretical engagement with emotions, bodies and atmospheres 'becoming' and alcohol consumption highlights performativities of drunkenness as important in urban public space as 'collective expressions performed in historical, cultural setting [which] act to sustain the relations between people and between people and places ... in the residues of past visits, in emergent and immanent experiences, in repetitive practice and reflection' (Edensor 2013: 20). Just as scientific debate suggests no simple causal links between alcohol consumption and violence, the small numbers of people who engage violence and disorder can be seen as 'exceptions to the rule' in terms of how drinkers negotiate and experience social and cultural forms and practices relating to drinking alcohol and their interpenetration with urban assemblages (Simpson 2013; Shaw 2014). Edensor's (2013: 22) 'flow' captures multiplicities of atmospheres emerging in particular contexts, with affective and emotional affordances, historical resonance and social practices, where alcohol consumption allows 'anticipatory preparedness that engenders an affective and emotional disposition and underpins a sense of place'. For most violence and disorder is a 'disruption' of becoming of 'drunkenness', but for a minority is enabled by the becoming-ness of alcohol consumption; and must therefore be understood not just by reference to reified 'causes' but through interpenetration of complex and multiple 'causalities'.

Conclusion

We have outlined theoretical work that addresses an impasse in alcohol research and failure to critically engage with geographies of alcohol-related violence and disorder. We offer insights into interpenetrations of biological, physiological, psychological and social and cultural forms and practices as well as assemblages of human and non-human actors that must not just reduced to one or a combination of several ‘causal’ factors. As Dewsbury (2011 151), suggests ‘body-brain material assemblage operates an exciting proposition ... what outside influences stimulate our bodies and how and why we plug into some and not others, changing but not necessarily loosing ourselves?’ However, while Jayne et al (2012: 840) suggest ‘ethical, practical and technological reasons’ underpin long-standing ontological and epistemological difference between medical, health and social sciences approaches to alcohol, drinking and drunkenness, theoretical insights relating to play and emotions, embodiment and affect offer common-ground for dialogue between these distanced academic traditions.

However, in challenging ontologies and epistemologies of alcohol-related violence and disorder we have uncovered problematic ‘imaginaries’ (Pain 2014: 544) that underpin academic, political, popular debate and policy. The widely held view that violence and disorder are ubiquitous, and political and policy debate focused on facilitating ‘culture change’ around ‘binge drinking’ continues to ensure tailored and effective approaches to deterring, policing and punishing the relatively small number of drinkers are responsible for alcohol-related violence and disorder is not a political, policy or policing priority. Of course, one of the first key steps towards this goal must

be a resolution of the well-known problems of definition and measurement of 'alcohol-related violence and disorder'.

Moreover, the lack of 'a scaled system with its implied judgements of magnitude and importance' (Pain 2014: 544) is another important contributor to alcohol related imaginaries underpinned by the uncritical view of violence as a fetishized natural consequence of alcohol consumption. As Jayne et al (2006, 2008) suggest preventative policing strategies are dominated by attempts at deterring violent and disorderly behaviour amongst active consumers who contribute to wealth generation. Currently policing interventions focus on disrupting 'recognisable set pre-fight choreography' (Forsyth and Lennox 2010:75) at the 'lower end' of 'degrees of violence' ('squaring-up', pushing, punching, slapping, throwing objects, hair pulling, head butting and so on). However, beyond policing through visible deterrent, the prosecution of these and other violent acts is not a key priority for alcohol policy or policing. That is not to say precedents for political, policy and policing strategies do not exist. 'Drink driving' campaigns from 1980s onwards avoided stigmatizing drinking per se but focus on driving 'when drunk'. Such interventions challenge criminal behaviour being discounted as 'down to the drink'. Campaigns such 'One Punch Can Kill' operated in some urban areas in UK and Australia by police/local authorities is an example of how nuanced public campaigns challenge assumptions of 'causality' between alcohol consumption and violence/disorder. Of course, campaigns stigmatising violence will only be effective if supported by determined and sustained political, police support, funding and criminal justice sentencing.

In this paper we have challenged ontologies and epistemologies that problematically dominate understanding of alcohol-related violence and disorder. In doing so we have responded to calls for geographers to take seriously the spatialities of violence and offered new fertile ground for geographers engagement with alcohol, drinking and drunkenness via complex interpenetrations of political, economic, social, cultural and spatial issues bound up with alcohol-related violence and disorder. Our geographical perspective also signposts the importance of sustained research to understand relationalities, connections, similarities, differences and mobilities relating to alcohol-related violence and disorder between and within cities and at supranational, national, regional, and local spatial scales (Jayne et al 2008). Empirical study of interpenetrations of biological, physiological, psychological and social and cultural forms and practices as well as assemblages of human and non-human actors bound up with alcohol-related violence and disorder is of course a challenging interdisciplinary project. Dialogue is vital if alcohol researchers are to make a meaningful contribution to understanding and tackling imaginaries and realities of ‘alcohol-related violence and disorder’ in progressive and meaningful ways. We hope that at the very least the theoretical work outlined in this paper offers fruitful avenues for debate amongst alcohol researchers across medical, health and social sciences and signposts the important contribution that geographers can make to academic debate and policy and practice.

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Notes

1. This paper outlines arguments relating to public space/commercial venues in urban (and to a lesser degree rural) areas emerging from our empirical research. We are aware that we sidestep engagement with alcohol-related 'domestic violence'. This is an issue that 'alcohol studies' and more specifically geographers are yet to address in critical and sustained ways. This is a weakness that needs to be addressed. While we do not specifically engage with alcohol and domestic violence (in, and out of the home) arguments and conclusions presented here are relevant to this project.
2. Drinking 'above safe limits' defined through 'units' is associated with mouth and throat cancers, irritable- and bowel cancer, high blood pressure, heart disease, strokes, breast cancer, impotence, Type II diabetes, liver complaints. Other effects of alcohol are reported as low vitamin B, nerve damage, anxiety, depression, mood swings, insomnia, self-harm, suicide, dementia and tooth decay (Alcohol, Know Your Limits, 2009). Statistical techniques to 'add up' health and social cost 'to the nation' of these in-direct alcohol related illnesses is ensured through extrapolation of small-scale scientific studies uncovering a causal link. When individuals dying of these illnesses are 'drinking above safe limits', associated costs are calculated and collated, whether or not a clinical link is made between alcohol consumption and fatality.
3. Sociology/criminology research on crowd behaviour (see Reicher 2001) and 'situational crime prevention' including discussion of opportunities, precipitators and decision making (see Cornish and Clarke 2003 and Wortley 2001) does not focus on alcohol and violence *per se* but offer insights into issues such as motivation, social context, environment and atmosphere as key factors in crime.

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